



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Practice Peer Review - Guidebook

## Continuing Professional Development

# advancing the profession

# Contents

Contents.....	2
Welcome .....	3
What is Practice Peer Review? .....	4
Stages of the program .....	5
<b>Meeting 1 initial discussion meeting.....</b>	<b>5</b>
<b>Meeting 2: practice discussion meeting .....</b>	<b>5</b>
<b>Meeting 3: practice development meeting.....</b>	<b>6</b>
<b>Meeting 4: practice reflection meeting.....</b>	<b>6</b>
Time commitments .....	7
Recording the activity in My CPD .....	8
Coaching, Mentoring, Supervision and Peer Review groups .....	9
<b>What is coaching?.....</b>	<b>9</b>
<b>What is mentoring and how does it differ from coaching? .....</b>	<b>9</b>
<b>How is this different to Peer Review Groups?.....</b>	<b>10</b>
<b>How does this differ to supervision? .....</b>	<b>10</b>
Guideline– Initial Discussion .....	11
Guideline - Practice Discussion .....	12
Guideline - Practice Development Discussion .....	13
Guideline - Practice Reflection Discussion .....	14
Professional or safety concerns.....	15
List of Appendices .....	16
Participant meeting record.....	17
Initial discussion - goal setting template.....	18
Practice discussion meeting .....	19
Practice development - SMARTER discussion goals template .....	20
Practice reflection - Action planning template .....	21
Practice reflection - Facilitator template .....	22

Practice Peer Review (PPR) is a new Continuing Professional Development activity being developed by the RANZCP's Committee for Continuing Professional Development (CCPD).

Both the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) place great importance on formal peer review activities in CPD programs, including regular practice review or practice visits.

In many ways traditional practice visits are better suited to the interventional medical specialties, and PPR has been developed as a formal peer review activity that leads to practice improvement designed by psychiatrists for psychiatrists.

Peer Review Groups (PRGs) have become a cornerstone of the College's CPD program since their introduction nearly 40 years ago. PPR differs from PRGs in its focus on two psychiatrists reviewing and discussing their practices in a semi-structured format over a defined time frame with the assistance of a facilitator. The COVID19 pandemic has influenced the design of the activity, with the recognition of the need for innovation and flexibility to meet the challenges of the times.

For those of you who like the detail, this comprehensive program guide outlines the program and provides the relevant guidelines and forms, both required and optional, in one place. For those of you who just want the essentials, the quick guides are included in the appendices to this guide and can be found on the website.

All forms and guidelines, along with this comprehensive guide, are also available on the RANZCP website:

[Practice Peer Review | RANZCP](#)

Professor Richard Harvey

**Chair CCPD**

## What is Practice Peer Review?

PPR is a self-driven enhanced peer review activity where peers take it in turn to discuss their practice in depth. The discussions occur over a series of meetings during a period of between two to three months. A facilitator, a psychiatrist who has undergone some additional training, supports the final reflective meeting of the two peers.

Under the RANZCP CPD program it is a Section 2 Formal Peer Review Activity that also supports Section 3, Practice Improvement.

The activity is very flexible. Peers can choose what areas of their practice they wish to discuss, and the format of the meetings. The activity is designed in a way that it can be conducted either in person, or virtually using tools such as Zoom and Teams. Whilst the usual format will be a series of four meetings conducted over twelve weeks, it is flexible and, if it suits the participants to meet less frequently but for a longer duration, that is possible.

There are minimal required forms, but there are also tools available that participants can choose from to guide their discussions if necessary.

There is an expectation that the peers will reflect on their practice in a holistic way and consider issues such as work-life balance, future career aspirations, or transition to retirement, dependent on the stage of their career and life.

Participants can self-match with a peer or be matched by the College.

The facilitator is allocated by the College CPD staff. The facilitator acts as a coach and it is important to understand that their role is not to provide solutions and answers, but to support the peers to find their own solutions.

# Stages of the program

Following the matching process there are four meetings in the program, shown in diagram 1. Detailed guidelines for each of the discussion stages are provided in this program guide on pages 11 – 14.

*Diagram 1 PPR stages*



## Matching

Stage one is the only stage in PPR where the College is involved administratively. Where applicants have not matched themselves with another peer, the information from the application is used to match two psychiatrists based on the preferences they have expressed. Once the pairs have been matched a facilitator is allocated.

## Meeting 1 initial discussion meeting

This stage provides a platform for peers to establish a learning relationship and share information about their practice backgrounds. To support this discussion, it is recommended that participants use the [Initial discussion tool](#) to reflect on their own practice, their work-life balance, their goals for the PPR etc. This helps set the structure of the meeting as each psychiatrist takes it turn to present their discussion.

It is not intended that the discussion tool is shared, it is for the use of each individual peer.

At the end of the meeting, the facilitator will join the meeting for 20 minutes to establish rapport, learn what goals each participant has for the PPR, establish the timing of the final reflective meeting, and encourage the peers to schedule the stage three and four meetings.

## Meeting 2: practice discussion meeting

In this stage each peer discusses an aspect of their practice in detail. There are tools that can be used by the peers if they need a guide. Some examples are:

- case based discussion
- quality improvement initiative
- multi source feedback or 360-degree feedback

- Root Cause Analysis
- CanMEDS framework.

These tools can be accessed through the following link: [Templates and ideas for CPD activities](#).

Some psychiatrists may be able to use resources from their workplace, for example 360-degree (or “multi-source”) feedback could be used as the basis of discussion, or a clinical audit could also be used for discussion.

Each peer has the opportunity to lead a discussion on their practice for objective review by the other peer, and for this reason these discussions may be better conducted over two sessions. This is up to the peers.

### **Meeting 3: practice development meeting**

In this stage the peers support each other in the planning of goals using the SMARTER seven steps process. This stage sets the scene for practice improvement for each peer. The SMARTER goals are shown in diagram 2 on page 12. The optional [SMARTER discussion tool](#) can be used if participants wish.

### **Meeting 4: practice reflection meeting**

The final meeting provides an opportunity for both psychiatrists, with the facilitator, to discuss the outcomes from the series of meetings. The primary role of the facilitator in this meeting is to:

- explore the goals identified by each peer
- question and raise awareness on the reality of achieving the goals
- assist in the generation of some options to explore how the peers will move forward
- narrow down potential options to wrap up the final meeting discussion.

Peers should use the [Action Planning tool](#) to record their reflections, and provide this to the College staff to upload this to My CPD as evidence of the activity.

## Time commitments

The activity involves four meetings that should be completed over a period of two to three months. There needs to be a reasonable level of flexibility to coordinate meetings between three busy psychiatrists.

The initial meeting will usually be arranged by one of the peer psychiatrists participating in PPR and can occur either in person or virtually. Around two hours should be scheduled, and this can be done over two shorter meetings if necessary. The initial meeting will include the CPD Facilitator for 20 mins before moving onto the next stage.

At this first meeting the facilitator will arrange the final Practice Reflection Meeting and will also prompt the participating psychiatrists to schedule the series of meetings. It is important that the peer psychiatrists consider the meeting schedule and have some suggestions ready before the facilitator joins the meeting.

The following two structured discussions are held between the two peers only, without the facilitator, and are expected to take around four hours to complete.

- Practice discussion Meetings – Stage three (two hours)
- Practice development Meeting – Stage four (two hours)

The College CPD team can support arranging virtual meetings as necessary, and this support could enable Fellows to create their own virtual meeting accounts to arrange their meetings independently.

In circumstances where a psychiatrist participating can no longer complete the activity, both psychiatrists will receive CPD hours to the point of completion. See pg.14. *“Opting out” for further information.*

## Recording the activity in My CPD

Once the facilitator has signed off the final meeting, participants' My CPD records will be updated with the following allocation of hours in the My CPD system:

- 10 hours of Section 2 (Formal Peer Review)
- 5 hours of Section 3 (Continuous quality improvement).

Up to July 2024, the College staff will register the CPD hours after the completion, uploading the [Participant Meeting Record](#) and the [Facilitator reflection](#) form submitted to [cpdhelp@ranzcp.org](mailto:cpdhelp@ranzcp.org) by the facilitator.

From July 2024, the allocation of hours will be uploaded automatically by the MyCPD system.



# Coaching, Mentoring, Supervision and Peer Review groups

## What is coaching?

Several definitions of coaching are provided below:

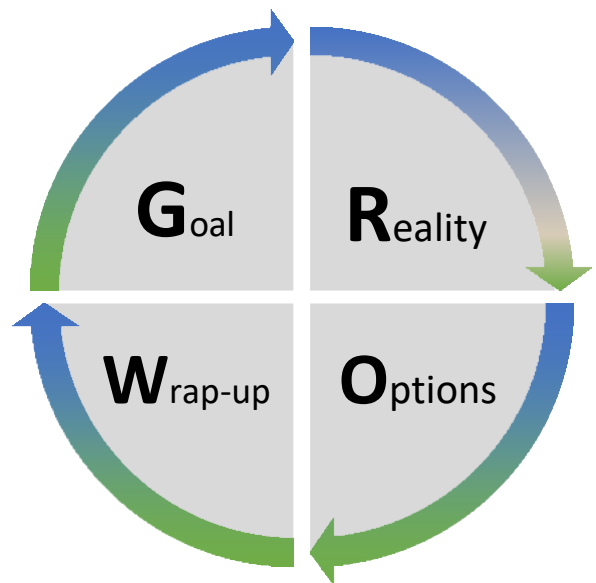
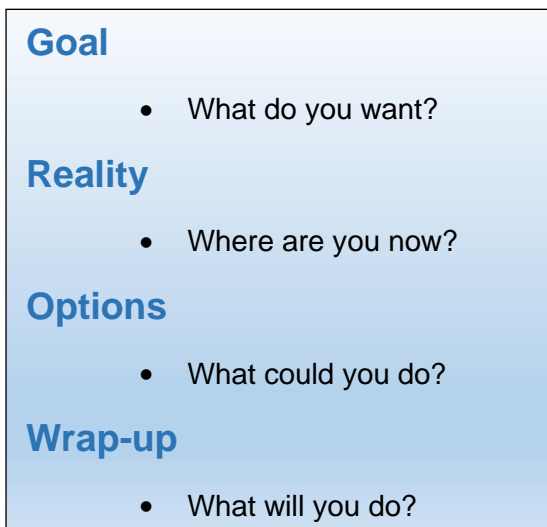
“...unlocking a person’s potential to maximize their own performance. It is helping them to learn rather than teaching them” (Whitmore, 2009)

“...a collaborative, solution-focused, results-orientated and systematic process in which the coach facilitates the enhancement of work performance, life experience, self-directed learning and personal growth of the coach’ (Grant, 1999)

“...the art of facilitating the unleashing of people’s potential to reach meaningful, important objectives” (Rosinski, 2003).

In PPR the facilitator acts in many ways as a coach, supporting the peer psychiatrists to reach solutions, rather than providing solutions. This is achieved using active listening, questioning to seek clarification, summarizing, and reflecting in the GROW model of coaching (Whitmore).

Diagram 2 GROW model of coaching



The facilitator will ask targeted questions to encourage the participants to identify for themselves their goals, outcomes, and priorities. The peer psychiatrists take responsibility for change.

## What is mentoring and how does it differ from coaching?

Mentoring is identified as a complementary personal and professional support system, suitable to be accessed across the career life cycle of all psychiatrists. It is a particularly valuable non-supervisory support for those on the pathway to Fellowship or in the early stages of a psychiatry career.

Mentoring is a partnership whereby an experienced person guides another’s development by challenging, sharing, supporting, and planning to help to achieve their career goals.

Mentoring exists outside of the usual performance reporting lines, and mentors should not be the direct supervisors or managers of the mentee. Clinical supervision and performance appraisal do not form part of the mentoring partnership.

Mentorship implies a difference in experience, with one more experienced person guiding the other.

Coaches may be more experienced practitioners, but their role is not to guide through the benefit of their experience. It is rather to guide another practitioner, using coaching strategies, to find their own solutions.

For these reasons, the **PPR facilitator role is defined more as “coaching” than “mentoring”**.

### **How is this different to Peer Review Groups?**

PRGs provide valuable **ongoing** opportunities for psychiatrists to review their work with a trusted **group** of fellow psychiatrists. PPR is not a substitute for the ongoing support of a PRG. PPR is a very focused activity over a defined period, where a psychiatrist can choose an aspect or aspects of their practice to explore in depth.

### **How does this differ to supervision?**

RANZCP members who supervise trainees on the Fellowship pathway may have some experience with coaching through the training done to become an accredited supervisor.

Supervision is a formal ongoing activity, with clearly defined roles of supervisor and supervisee. Supervisors may use elements of coaching practice during sessions. The key difference with PPR is it is a focused exploration of practice, conducted over a defined period, whereas supervision is an ongoing activity.

In summary, the processes of supervision, mentoring and coaching do overlap in practice, however they have different strategies.

For specific information on supervision, mentoring and coaching; there are some modules in Learnit that may be useful:

[Giving feedback to trainees](#)

[Mentoring – CPD Online course from Royal College of Psychiatrists](#) (podcast)

[Mentoring Module 1](#) – Introduction to mentoring.

[Mentoring Module 2](#) – Mentoring for mentees.

[Mentoring Module 3](#) – Being an effective mentor.

## Guideline– Initial Discussion

The Initial Discussion allows peers to meet and become acquainted; the Facilitator will join the meeting in the final 20 mins to meet the peers and establish rapport. The facilitator's role is to ensure that the peers understand the learning focus of PPR, and to hear the preliminary goals and aspirations of each peer.

Psychiatrists can choose to prepare for the discussion using the [Initial discussion tool](#). This pre-discussion preparation aims to provide an opportunity for peers to self-evaluate professional practice. The initial discussion is an important relationship building stage, through which participants can gain a good understanding of each other before moving into a peer review on a particular area of practice.

The meeting structure will comprise:

- sharing information about the professional role, practice background and setting
- discussing career highlights in the past five years, key professional changes experienced
- sharing preferred approach to professional development
- discussing patient-centred care changes to practice (if any)
- discussing general work life balance and wellbeing
- discussing current peer networks, supports, or associations for practice requirements
- discussing focused goals for Practice Peer Review with the Facilitator in the final 20 mins.

At the end of the meeting psychiatrists are encouraged to schedule the next three meetings.

## Guideline - Practice Discussion

The Practice Discussion is a process where each peer reflects on an aspect of their practice and discusses with their matched peer. Each peer has an opportunity to lead a discussion on their practice and, if desired, the meetings may be split into two sessions. There are tools that can be used on the RANZCP website, but they are completely optional. Many psychiatrists will choose to prepare a case discussion about any scope of practice.

The [QI Initiative discussion tool](#) can be used for peer review on a change that is to be implemented or/ has been implemented.

[360 degrees multisource feedback](#) can help identify areas for quality improvement and review through obtaining feedback from a variety of sources. If a 360° Multi Source Feedback has been completed through an employer, it can also be used. The findings, outcomes, and actions from the 360° Multi Source Feedback can be presented in the meeting for peer discussion.

The [Clinical Audit Template](#) has three core aspects of measurement, comparison, and evaluation. The results and proposed actions to implement can be presented for discussion with another peer during the meeting.

The [RCA2 Discussion tool](#) process can be used to analyse an issue or problem in- depth.

The [CanMEDS Discussion Tool](#) outlines the roles that a medical practitioner performs and can be used to consider all aspects of professional practice, including those not directly related to medical knowledge.

Psychiatrists are not required to share any of their preparation with any other individual or the peer that they are paired with in the Practice Discussions. This is to ensure the privacy and confidentiality of information is maintained, for all participants in Practice Peer Review (PPR).

## Guideline - Practice Development Discussion

This meeting is a goal planning session, with the peers assisting one another to explore options for further learning. Each peer will have an opportunity to lead a discussion on the SMARTER goal planning process and, if desired, the meetings may be split into two sessions.

The SMARTER goal planning process helps formulate goals for further practice development by systematically working through the SMARTER steps. These steps are shown in Diagram 2.

Diagram 3 SMARTER goals

Specific	What do you want to accomplish?
Measurable	How will you demonstrate and evaluate the success or failure?
Attainable	Is it achievable - what are the associated challenges and the strategies that you may need to apply?
Relevant	How does the goal tie into your key responsibilities?
Timely	Set a target date, the "by when", including deadlines, dates and frequency
Evidence-based	Provides a scientific problem-solving approach
Reviewable	Uses a final evaluation and reflection on the entire process

Psychiatrists are not required to share any of their preparation with any other individual or the peer that they are paired with in the Practice Development Discussion. This is to ensure the privacy and confidentiality of information is maintained, for all participants in Practice Peer Review (PPR).

There is the optional [SMARTER discussion tool](#) in the appendices that can be used to document this discussion.

## Guideline - Practice Reflection Discussion

The Practice Reflection Discussion allows each peer to reflect on the meetings held during the Practice Peer Review and to review with the Facilitator. The final meeting allows each peer time to discuss the background behind the goals that were determined in the prior meetings and be supported, through a coaching process, to determine the next steps.

The Facilitator will guide the peers through a supportive discussion using the GROW model:

- Stage 1 - exploring the **goals** from each of the peer meetings.
- Stage 2 - questioning and raising awareness on the **reality** of achieving goals
- Stage 3 - generating some **options** to explore how the peers will go forward.
- Stage 4 - narrowing down potential options will move discussion toward a **wrap-up** where action planning will take place.

Following the end of the meeting psychiatrists document their actions from the activity on the [Action Planning tool](#) provided.

Likewise, the facilitator also completes the [Facilitator reflection](#) template at the end of the Practice reflection discussion. This template is available on the RANZCP website: [Practice Peer Review | RANZCP](#)

### Opting out

At any stage, if a participant feels any discomfort with their matched peer, it is possible to opt out of the activity. If you do wish to opt out, you are asked to contact the PPR Facilitator who will:

- gain an understanding of the reason for opting out
- communicate the decision to the other peer
- advise the College CPD Team of the outcome for general record keeping.

Both peers will be able to record CPD hours for the time spent on the activity.

### Qualified Privilege

Practice Peer Review is not presently covered under qualified privilege in Australia or New Zealand.

If clear concerns<sup>1</sup> arise during peer exchanges within the activity regarding unethical or clinically inappropriate conduct that contravenes the RANZCP Code of Ethics, Fellows are advised to contact an appropriate member of the College on +61 3 9601 4984 or at [ranzcp@ranzcp.org](mailto:ranzcp@ranzcp.org).

It is possible that a psychiatrist may have a concern about safety or the professional nature of the discussion. If this occurs the first point of contact for a confidential discussion is the Chair or the Deputy Chair of the Committee of Continuing Professional Development via the College's Manager of the CPD program, [cpd@ranzcp.org](mailto:cpd@ranzcp.org).

Similarly, it is possible that a conflict of interest may arise during the activity. A conflict of interest may be actual, perceived, or potential and must be disclosed once it becomes apparent so that it can be appropriately managed if necessary. Again, this should occur in the first instance through a discussion with the College's Manager of the CPD program.

### Wellbeing support for members

The RANZCP [Confidential Member Advice Line](#) is a free and confidential support and advice service for all members who have any issue that affects their physical or mental wellbeing. Calls are answered by College staff as a call-back service within business hours. If appropriate, you may be put in touch with a Support Fellow, who is an RANZCP member and who will be able to provide you with further support and referrals.

For more support available [Wellbeing support for members | RANZCP](#).

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<sup>1</sup> Royal Australian and New Zealand College of Psychiatrists, Code of Ethics, November 2017

## List of Appendices

Participant meeting record.....	17
Initial discussion - goal setting template.....	18
Practice discussion meeting .....	19
Practice development - SMARTER discussion goals template .....	20
Practice reflection - Action planning template .....	21
Practice reflection - Facilitator template .....	22



# Participant meeting record

CPD Record

**Note:** This template has been designed to record the agreed timelines and meetings for Practice Peer Review

**Facilitator:**

**Peer 1**

**Peer 2**

**Please note the dates and times of your planned meetings. Add additional lines, if necessary, by adding rows to the tables below.**

## PRACTICE DISCUSSION MEETING

Date/Time	
Date/Time	
Date/Time	
Date/Time	

## PRACTICE DEVELOPMENT DISCUSSION MEETING

Date/Time	
Date/Time	
Date/Time	
Date/Time	

## PRACTICE REFLECTION DISCUSSION MEETING

Date/Time	
Date/Time	
Date/Time	
Date/Time	

# Initial discussion - goal setting template

**Note:** This template has been designed to assist members with the preparation of a PPR discussion. Only complete the sections which apply to your current professional performance.

## PROFESSIONAL BACKGROUND

Discuss highlights of your professional career over the last five years, and key changes that have you experienced professionally? Discuss your practice setting and current work environment.

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## PROFESSIONAL DEVELOPMENT PLANNING

Share the preferred approach to professional development.

Discuss skills and knowledge to be gained from professional development- clinical etc  
Career pathways – what is next professionally?

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## PEER SUPPORTS

Discuss your current peer networks, supports, or associations for practice requirements:

- how effective are they in supporting your individual needs?
- are you able to bring any issue to their attention?
- do you receive feedback or/ support that assists with mitigating any problems?

--

## PATIENT CENTRED CARE

Describe your approach to patient centered care, have there been any recent changes to your practice in response to the increasing focus in Australia and New Zealand?

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## WORKLIFE BALANCE & WELLBEING

Discuss the general evidence of the positive benefit of work life balance and professional livelihood, the peer/coach needs to meet their peer where their personal views about the notion of work life balance.

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## EXTENDED PROFESSIONAL PRACTICE

Discuss the scope of practice that has not been addressed by the previous sections and you, the peer, or the facilitator find relevant to meet the initial PPR goals for practice improvement

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## FOCUSED GOALS FOR PPR

Reposes from the application form can be used here if appropriate

1	
2	
3	

If needed, there are some tools available on the RANZCP website:

[CanMEDS discussion tool](#)

[QI Initiative discussion tool](#)

[RCA2 discussion tool](#)

[360 degrees multisource feedback](#)

[Clinical audit](#)

# Practice development - SMARTER discussion goals template

SMARTER Goals - specific, measurable, attainable, realistic, timely, evidence-based, and reviewable

## **SPECIFIC**

State exactly what you want to accomplish and be concise.  
Participants can aim for an action statement to inspire the discussion.

## **MEASURABLE**

How will you demonstrate and evaluate the success or failure of your goal.

## **ATTAINABLE**

The goal should be challenging and attainable. What are the strategies associated?

## **RELEVANT**

How does the goal tie into your key responsibilities? If appropriate, is it aligned to your health service's objectives?

## **TIMELY**

Time-bound: set a target date, the "by when", including deadlines, dates and frequency.

## **EVIDENCE-BASED**

Provide a scientific problem-solving approach

## **REVIEWABLE**

How will you provide a final evaluation and reflection on the entire process?

# Practice reflection - Action planning template

Note: This template has been designed to provide members with a record of actions for professional development.

## GENERAL INFORMATION

Participant name:	
Peer name:	
Facilitator name:	Facilitator e-signature (Optional)

## GOALS

Following the coaching led session with the Facilitator, list at least three goals that you would like to complete in subsequent years.

--

## PLANNING INITIATIVES

List some useful suggested processes or options for progressing the goals for final achievement. These may include documented processes detailed in the SMARTER goal planning template.

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## EVALUATING GOALS

Discuss how you have planned to evaluate the professional development goals.

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## GENERAL COMMENTS

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**Optional submission – in the RANZCP MyCPD system**

# Practice reflection - Facilitator template

Note: This template has been designed to assist PPR Facilitators with recording the outcomes of the discussion.

## GENERAL INFORMATION

Participant name:	
Peer name:	
Facilitator name:	Facilitator e-signature (Optional)

## REFLECTION ON THE ACTIVITY

Please comment on the success of the coaching led session, any challenges you experienced, and how you constructively worked around for a positive result.

### WHAT WORKED WELL?

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### WHAT COULD BE IMPROVED?

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## GENERAL COMMENTS

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**Note:** This template has been designed to support your PPR participation in the RANZCP MyCPD system.

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